Practitioner's Docke	t No. PATEN
COMBINE	ED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DE	SIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR C-I-P)
As a below named inv	ventor, I hereby declare that:
	TYPE OF DECLARATION
This declaration is of (check one)	the following type:
	INVENTORSHIP IDENTIFICATION
that I am the original and joint inventor (if	ffice address and citizenship are as stated below, next to my name. I believe, first and sole inventor (if only one name is listed below) or an original, first plural names are listed below) of the subject matter that is claimed, and fight on the invention entitled:
	TITLE OF INVENTION
	BLAST RESISTANT PARTITIONS

the s	pecifica	ation of v	which:							
(a) 🖸	☑ is att	tached h	ereto.							
(b)		w	as filed	on		•			, as	Serial
No	ad was	amended	lon				Gf	applicable).		
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(c)		was	described	l and , filed	claimed	in	PCT	International	Application	No.
on			and as	amei	nded und	der PCT Article	19 on			
_			***	(if ap	oplicable).					

(complete the following where a supplemental declaration is being submitted)

# **SUPPLEMENTAL DECLARATION (37 C.F.R. § 1.67(b))**

☐ I hereby declare that the subject matter of the	
attached amendment	
amendment filed on	_
was part of my/our invention and was invented above-identified, or such invention.	before the filing date of the original application
ACKNOWLEDGEMENT OF REVIEW	OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

 $\Box$  in compliance with this duty, there is attached an information disclosure statement, in accordance

with 37 C.F.R. § 1.98.

#### PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed. Such applications have been filed as follows:

# PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR		DATE OF FILING	PRIORITY CLAIMED
INDICATE IF PCT)	APPLICATION NO.	(day, month, year)	UNDER 35 USC 119
Israel	152,272	31.10.2002	YES

# CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NO.	FILING DATE (day, month, year)		

# CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. § 120

The claim for the benefit of any such applications are set forth in the attached ADDED
PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR
DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P)
APPLICATION.

ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION	

### **POWER OF ATTORNEY**

I hereby appoint the practitioners practicing at the following Customer Number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

\*34704\*
34704
PATENT TRADEMARK OFFICE

SEND CORRESPONDENCE TO: CALLS TO:

DIRECT

**TELEPHONE** 

The above Customer Number.

Barry L. Kelmachter (203) 777-6628 - ext. 112

### **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### **SIGNATURE(S)**

Full name of sole or first inventor:

Name: Joel Gilon

Date: 00+ 26, 2003

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Post Office Address: (SAME AS ABOVE)